

the information given below refers to: A. OWNERSHIP UNCERTAIN

Type of Owner or Facility: CIRCLE CORRECT CODE(s)

E. OTHER (PLEASE SPECIFY)

Street Address

County

TYPE

Service Station

Petroleum Distributor

Convenience Store

Bulk Plant

Auto Dealer

CODE

D.

WASHINGTON STATE UNDERGROUND STORAGE TANK NOTIFICATION FORM



IMPORTANT: PLEASE READ ALL INSTRUCTIONS ON PAGES I-1 AND I-2 BEFORE ENTERING INFORMATION.

- . ABOVEGROUND TANKS MUST BE REPORTED IF THE CONNECTED UNDERGROUND PIPING COMPRISES AT LEAST 10% OF THE OVERALL STORAGE SYSTEM (TANK AND PIPING).
- . A SEPARATE FORM MUST BE USED FOR EACH SITE, EXCEPT FOR SITES WITH ONLY ONE TANK EACH. SEE THE GENERAL INSTRUCTIONS (PAGE 1-2) FOR THE DEFINITION OF A SITE AND DETAILS ON REPORTING SITES WITH ONE TANK EACH.
- . THERE IS ROOM IN SECTION VI FOR INFORMATION CONCERNING 15 TANKS. IF YOU HAVE MORE THAN 15 TANKS, PHOTOCOPY BOTH PAGES OF SECTION VI BEFORE ENTERING ANY INFORMATION. (IF YOU HAVE MORE THAN ONE SITE, EITHER OBTAIN MORE FORMS FROM THE DEPARTMENT OF ECOLOGY OR BE SURE TO ALSO PHOTOCOPY THIS PAGE.)

TYPE

U. Fire Dept./District

sewer, water)

V. Other Special Service District (e.g.,

Date Signed

Port District

T. Utility District

. PLEASE TYPE, OR PRINT IN INK; THE SIGNATURE UNDER "CERTIFICATION" (SECTION V) MUST BE SIGNED IN INK. I. OWNERSHIP OF THE TANK(S)

Please enter information regarding the owner of the tank(s). If the ownership of the tank(s) is uncertain, enter information regarding the owner of the property where the tanks are located, or information regarding the former owner of the tanks. Please circle the correct letter, indicating who

C. FORMER OWNER OF TANK(S)

CURRENT OWNER OF TANK(S)

TYPE

H. Private Institution

J. Farm

K Airport

G. Industrial/Manufacturing

Residence (Non-Farm)

0

	STATE USE ONLY
III. SITE OF THE TANK(s)	
(If the same as Section I, mark box here. \Box) See the General Instructions (Page	I-2, 2.a.) for the definition of a site.
SMITTYS SELF SERVE	
Facility Name or Company Site Identifier, as applicable. (IF THE FACILITY IS OPERA OF THE CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY WHICH O HERE.)	
102 E TOPPENISH AUE Street Address or State Road where the tanks are located. (IF NO STREET ADDRESS	SS OR STATE ROAD, PLEASE ENTER THE
LONGITUDE AND LATITUDE OR TOWNSHIP, RANGE, AND QUARTER SECTION WHER	E THE TANKS ARE LOCATED.)
TOPPENISH	WA 98948-
City	State ZIP Code
County So 9 - 865 - 59 Area Code Phone Number	09
IV. THE TOTAL NUMBER OF TANKS AT	THIS SITE
Number of tanks containing petroleum, which are now in use:	3
2. Number of tanks which have stored petroleum, but are not now in	n use:
3. Number of tanks containing regulated chemicals, which are now in	n use:
 Number of tanks which have stored regulated chemicals, but are 	not now in use:
TOTAL NUM	MBER OF TANKS
Please mark this box if the site is located on land within an Indian res	servation or on other Indian trust lands
V. CERTIFICATION (Please read and sign after co	ompleting Section VI.)
I certify under penalty of law that I have personally examined and am familiar with the in To the best of my knowledge and belief, the submitted information is true, accurate, and	
Rich Smith UP.	
Rich Smith V.P.	
Name and official title of owner or owner's authorized representative or, in cases where person signing the form. (PLEASE TYPE OR PRINT IN INK.)	the ownership is unknown, the name and title of the
4-23-86 Rich Su	nt

Signature (PLEASE SIGN IN INK)

	1.1	41	· contract contract	
F. Other Commercial/Retail	L. Marina	R. School District	W. Other	
FEDERAL FACILITIES ONLY: Pleas	se give your GSA Facility ID No	umber (Building Number).		
	II. CONTACT P	ERSON AT THE TANK LOCATIO	N	
he contact person should be the	individual responsible for regul	arly monitoring the operation of	the tank(s).	
DESIREE N	OBLE			
Name (If same as Section I, ma	ark box here []			
MANAGER				65-5909
Job Title			Area Code	Phone Number
RM ECY 020-32 (12/85) QX A	1-226			

CODE

TYPE

P. Federal (Military)*

O. Federal (Non-Military)*

M. City/Town

N. County

VI. INFO	RMATION F	REG	ARD	ING IN	DIVIDUAL	TANK	S (See instruc	tions regarding	individual tanks,	Page I-2)
a. Tank Identification	b. Tank Status	c. Age	of the Ta	<u>nk</u>	d. Capacity of the	Tank	e. Tank Construction	f. Leak Detection	g. Cathodic Protection	h. Internal Protection
Please list your tanks numerically (1, 2, 3, etc.) or use an established tank identification number or code. The information in the following columns should apply to the tank identified in the corresponding row of this column.	Please put the correct letter for each tank in the appropriate row of the column below. A. Currently in use. B. Temporarily out of use. C. Permanently out of use. D. Brought into use after 5/8/86.	tank is I last 2 di appropria of install estimate using the (choose appropria A. Less B. 1-2 y C. 3-5 y D. 6-10 E. 11-15 F. 16-24 G. 21-36	known, ple igits of the ate row. If lation is no as closely a grouping a letter a ate row.) than 1 ye years years years 5 years 0 years		Please put the corre- each tank in the app the column below. If capacity isn't known, an estimate. A. Under 500 gallons B. 500-999 gallons C. 1,000-4,999 gallon D. 5,000-9,999 gallon E. 10,000-19,999 gallon F. Over 20,000 gallon	ropriate row of the exact please choose s	Please put all the letters which apply to each tank in the appropriate row of the column below. (If "Other" (H) please enter type of material.) A. Carbon Steel B. Stainless Steel C. Steel, type unknown D. Fiberglass Reinforced Plastic E. Plastic F. Concrete G. Aluminum H. Other Material (please specify) I. Unknown Material J. Single Walled L. Has secondary containment M. Has overfill protection	Please put all the letters which apply to each tank in the appropriate row of the column below. (If "Other" (N) please also enter type of detection.) A. Daily inventory B. Tightness/Leak test within past year C. In-tank system D. In-piping system E. Product gauge F. Electronic sensor G. Manually sampled well(s) H. Automatically sampled well(s) I. Well or detector in secondary containment J. In-ground detector K. Between walls of double-walled tank L. Groundwater monitoring plan	Please put the correct letter for each tank in the appropriate row of the column below. (If "Other" (C) please also enter the type of protection.) A. Sacrificial Anode/Galvanic Type B. Impressed Current Type C. Other Type (please specify) D. Cathodically Protected, Type Unknown E. None F. Unknown	Please put the correct letter for each tank in the appropriate row of the column below. (If "Other" (F or I) please also enter the type of protection.) A. Rubber Lining B. Alkyd Lining C. Epoxy Lining D. Phenolic Lining E. Glass Lining F. Other Lining (please specify) G. Lined, type unknown H. Unlined I. Other Internal protection (please specify) J. Unknown
		7/						M. Spill Prevention Control and Countermeasure Plan N. Other (please specify) O. None		
										4
1. Rea	A	E	74	ROTOR	D	8000	C-2	A	E	H
2. AL	A	E	74	CODIDADE	D	6000		A	Ē	H
3. NL Prom	A	D.	76	Carrie Co	C	4000		A	E	H
								•		
	is.									
8. 4.7 %										
30.										
<u>.</u>										
1,000	5			- 10 - 27 - 27 - 27 - 27 - 27 - 27 - 27 - 2						
										#
W - 1 / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1										

FORM ECY 020-32 (12/85) -1-1110- 3

Tank Identification	i. External Protection of the Tank	j. Piping	k. Type of Substance Currently or Last	
Please enter the same identification used in column a.	Please put the correct letter for each tank in the appropriate row of the column below. (If "Other" (D or G) please also enter the type of coating and/or wrapping.) A. Asphalt Coated B. Fiberglass Reinforced Plastic Coated C. Epoxy Coated D. Other Coating (please specify) E. Vinyl Wrapped F. Polyethylene Wrapped G. Other Wrapping (please specify) H. None I. Unknown	Please enter all the letters which apply to the portion of the piping which is underground. (If "Other" (D) please also enter the type of material.) A. Bare Steel B. Galvanized Steel C. Fiberglass Reinforced Plastic D. Other Material (please specify) E. Coated with non-corrosive materials F. Cathodically Protected G. Double-walled H. Within a secondary containment I. Protected with interior lining J. In native soil rather than backfill K. In backfill rather than native soil L. Not certain regarding backfill/native soil M. Details of piping are unknown N. None of the piping is underground	Stored in the Tank Please put the correct letter for each tank in the appropriate row of the column below. 1. If the substance is a hazardous substance (J) rather than a petroleum product, please also enter the name of the substance or its Chemical Abstract Service (CAS) number. (See "What Substances Are Covered"? on page I-1 of the instructions for information regarding hazardous substances.) 2. If different substances are stored in the tank at different times, or if a mixture of substances is stored, please enter all letters which apply. A. Leaded gasoline B. Unleaded gasoline C. Alcohol enriched gasoline D. Diesel fuel E. Aviation fuel F. Kerosene G. Nos. 1, 2, or 4 fuel oil H. Nos. 5 or 6 fuel oil J. Hazardous substance K. Other (Please specify) L. Unknown M. Empty	THESE ITEMS REFER ONLY TO TANKS PERMANENTLY OUT OF SERVICE. PLEASE LEAVE THE ROWS FOR THE TANKS STILL IN SERVICE BLANK. I. Date of Last Use If the exact month and year of last use isn't known, please enter an estimate. (Use two digits for the month and two for the year; e.g., 06-84.) I. Date of Last Use If the exact amount left in the Tank isn't known, please enter an estimate, in gallons. II. Date of Last Use III. Mas the Tank Filled? Was the tank filled with an inert material. III. Was the Tank Filled? Was the tank filled with water? Please put the correct letter in the appropriate row of the column below. A. The tank was filled with water. C. The tank was not filled. D. Unknown
1. Roa	A	B-J	A	
2 111	A	B-3	В	
3. Atter	A	B-J	В	
3. 00				
4				
*				
		4		
P. Alexander				